



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED  
OCT 22 AM 9:27

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 7-19-04 to 8-23-04  
Mo Day Year Mo Day Year

1. Committee I.D. Number 137357

4. Candidate Last Name CALECA First Name Anthony M.I. J

2. Committee Name  
TONY CALECA  
FOR County Commissioner

4a. Office Sought Including District # or Community Served (If applicable)  
County Commissioner Dist 16

4b. County of Residence Macomb

5. Committee's Mailing Address  
20728 Dunham  
Clinton Twp MI 48038  
Area Code and Phone 586-465-6011

6. Treasurer's Name & Residential Address LISA M CALECA  
2140 Gardner  
Berkeley MI 48073  
Area Code & Phone (248) 635-7477

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address  
2741 Research Drive  
Rochester Hills MI

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (248) 299-7687

Area Code and Phone ( )

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8 3 04  
Month Day Year

9c. ☐ Annual Statement ( ) Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper LISA CALECA Signature [Signature] Date 10 9 04  
Type or Print Name Signature Mo Day Year

Candidate Anthony J. Caleca Signature [Signature] Date 10 8 04  
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137357  
2. Committee Name Tony Colella For County Comm.

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1955</u>	(18.) \$ <u>1955</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$ <u>1955</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>			
(4.) \$			
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)			
(5.) \$		<u>1955</u>	
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>			
(6.) \$			(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>			
(7.) \$			(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2084.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>			
(9.) \$		<u>2,084.26</u>	(23.) \$ <u>2084.26</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)			
(11.) \$			(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>300</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)			
(13.) \$		<u>1,799.14</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)			
(14.) + \$		<u>1955</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>			
(15.) = \$		<u>3,754.14</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)			
(16.) - \$		<u>2,084.26</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)			
(17.) \$		<u>1669.88</u>	*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137357

2. Committee Name Tony Caleca For County Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-04</u></p> <p>Name: <u>George Buhalis</u></p> <p>Address: <u>2075 W Big Beaver Troy MI 48064</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		100	100
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-04</u></p> <p>Name: <u>Tim Brice</u> <u>39577 N Woodward Ave</u></p> <p>Address: <u>Bloomfield Hills Mich. 48304</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Money Mgr.</u> Employer <u>Merrill Lynch</u></p> <p>Business Address <u>Same as above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		200	200
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-04</u></p> <p>Name: <u>Ken Brice</u></p> <p>Address: <u>39577 N Woodward Ave</u></p> <p><u>Bloomfield Hills MI 48304</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		100	100
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-04</u></p> <p>Name: <u>Dennis Tomlinson</u></p> <p>Address: <u>39267 Sunderland Clinton Twp 48038</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		80	80
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A</p> <p>(Complete on last page of Schedule)</p>		480	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137357

2. Committee Name Tony Colella For Court Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-22-04</u> Name: <u>Susan Doherty</u> Address: <u>31746 Gloria Ct. Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		35	35
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-23-04</u> Name: <u>MEG</u> Address: <u>38550 Garfield Suite B. Clinton Twp 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	200
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-25-04</u> Name: <u>PLUMBERS Local 48</u> Address: <u>555 HORACE BROWN DR. Madison Heights MI.</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	200
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-25-04</u> Name: <u>NANCY WHITE</u> Address: <u>37337 Tall Oaks Dr. Clinton Twp 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50	50
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		485	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137357  
2. Committee Name Tony Caleco For County Comm

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-25-04</u> Name: <u>Betty M. Slinde</u> Address: <u>26740 Roberts Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		40	40
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-29-04</u> Name: <u>BOILERMAKERS 169</u> Address: <u>165936 Chase Dearborn 48126</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500	500
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-30-04</u> Name: <u>Steve Saph JR</u> Address: <u>44 Macomb Plce P.O Box 46907 48046</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Ins.</u> Employer <u>Mikel &amp; Saph</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	200
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-04-04</u> Name: <u>DAVE BROWN</u> Address: <u>24280 Wahi Warren MI 48089</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUS OWN.</u> Employer <u>Metal Services</u> Business Address <u>SAME</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250	250
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		990	
		1455	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
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DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 137357  
2. Committee Name Tony Caleca For County Comm

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Anthony J Caleca</u>	4. Type: <u>LOAN</u> 5-14-04 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ <u>0</u>	\$ <u>300</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	/ / \$ / / \$ / / \$ / / \$ / / \$	\$	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	/ / \$ / / \$ / / \$ / / \$ / / \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

300  
300

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page \_\_\_\_ of \_\_\_\_